

Fill	in this information	to identify your ca	ase:				Ī				
	btor 1	Sheila Willia									
	btor 2 buse, if filing)					_					
Uni	ited States Bankrup	otcy Court for the	: EASTERN DISTRICT	OF PENNSYLVANI	Α						
Case number 16-10671				_			Ch	eck if this is			
(If kr	nown)							An amende	ed filing		
_										g postpetition ollowing date:	
	fficial Form							MM / DD/ Y	YYYY		
S	chedule I:	Your Inc	ome								12/15
atta	rt 1: Describ	eet to this form.	r spouse is not filing w On the top of any additi	onal pages, write y				number (if	known). A	nswer every	
	information.	•		Debtor 1				Debtor 2 or non-filing spouse			
	If you have more attach a separate information abou	te page with	Employment status	■ Employed □ Not employed			☐ Employed ☐ Not employed				
	employers.		Occupation	Network Analyst							
	Include part-time self-employed wo		Employer's name	FMC Corporation							
	Occupation may or homemaker, if		Employer's address	1735 Market Street Philadelphia, PA 19103							
			How long employed t	here? 26 yea	rs						
Pai	rt 2: Give De	etails About Mor	nthly Income								
	imate monthly incuse unless you are		ate you file this form. If	you have nothing to I	report for	any	line, w	rite \$0 in the	space. Inc	clude your no	n-filing
•	ou or your non-filing e space, attach a s	, ,	ore than one employer, co	ombine the information	on for all e	empl	oyers f	or that perso	on on the li	nes below. If	you need
							For D	ebtor 1		btor 2 or ng spouse	
2.		gross wages, salary, and commissions (before the first paid monthly, calculate what the monthly			2.	\$		8,333.34	\$	N/A	
3.	3. Estimate and list monthly overtime pay.				3.	+\$		0.00	+\$	N/A	
4.	Calculate gross	Income. Add lir	ne 2 + line 3.		4.	\$	8	,333.34	\$	N/A	

Debtor 1		Sheila Williams			number (if known)	16-10671			
				For	Debtor 1	For Debto	r 2 or		
						non-filing	•		
	Cop	by line 4 here	4.	\$	8,333.34	\$	N/A		
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	2,628.54	\$	N/A		
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	N/A		
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A		
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A		
	5e.	Insurance	5e.	\$	207.20	\$	N/A		
	5f.	Domestic support obligations	5f.	\$_	0.00	\$	N/A		
	5g.	Union dues	5g.	\$_	0.00	\$	N/A		
	5h.	Other deductions. Specify: United Way	5h.+	\$_ \$		+ \$	N/A		
		Life Insurance Legal Services		\$ _	130.94 14.75	\$	N/A N/A		
		LTD		\$ -	44.60	\$	N/A		
_				Ť-		_ <u>*</u>			
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$ _	3,046.86	\$	N/A		
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	5,286.48	\$	N/A		
8.		all other income regularly received:							
	8a.	Net income from rental property and from operating a business, profession, or farm							
		Attach a statement for each property and business showing gross							
		receipts, ordinary and necessary business expenses, and the total							
		monthly net income.	8a.	\$	1,000.00	\$	N/A		
	8b.	Interest and dividends	8b.	\$	0.00	\$	N/A		
	8c.	Family support payments that you, a non-filing spouse, or a dependen	t						
		regularly receive Include alimony, spousal support, child support, maintenance, divorce							
		settlement, and property settlement.	8c.	\$	0.00	\$	N/A		
	8d.	Unemployment compensation	8d.	\$_	0.00	\$	N/A		
	8e.	Social Security	8e.	\$_	0.00	\$	N/A		
	8f.	Other government assistance that you regularly receive		-		·			
		Include cash assistance and the value (if known) of any non-cash assistance	е						
		that you receive, such as food stamps (benefits under the Supplemental							
		Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	N/A		
	8g.	Pension or retirement income	— 8g.	\$ —	0.00	\$	N/A		
	8h.	Other monthly income. Specify:	8h.+		0.00	·	N/A		
	011.			Ψ_	0.00	· —	11//	7	
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,000.00	\$	N/A		
		· ·			1,00000				
10	Cal	culate monthly income. Add line 7 + line 9.	10. \$		6,286.48 + \$	N/A	= \$	6,286.48	
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		0,200.40 + Ψ_	IN/A	-	0,200.40	
		V I	L				J L		
11.	. State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and								
		ade contributions from an unmarried partner, members of your nousehold, you er friends or relatives.	п аерепа	Jenis,	your roommates	s, and			
		not include any amounts already included in lines 2-10 or amounts that are not	t availab	le to p	ay expenses list	ed in <i>Schedu</i>	le J.		
	Spe	cify:		•	, ,	11.	+\$	0.00	
									
12.	Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.								
	Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies							6,286.48	
	app					12.	· —		
							Combin		
13.	Do :	you expect an increase or decrease within the year after you file this forn	n?				monthly	income	
13.	5 0)	No.							
	_	Yes. Explain:						1	
		I OOI EAPIGIII.						I	